		PAIÈNI A	PPLICA	TION F	EE DI	ETERMINA n PTO-875	OIT	N RECO	n of infor	malion (inless in	,	"'Y'' VI DOCKE	(Nimba
		CLAII	MS AS FI	LED ~ P.	ARTI							10) [2],	578
	FOR BASIC FEE		NUMBER FILED			(Column 2)		SMALL		ITITY	OR '		· OTH SMA	TER THAI LL ENTITI
	TOTAL CLAIMS					NUMBER EXTRA		RAT	E	FEE	_		RATE	· FE
-	(37 CFR 1.16(c))		minus 20 =					x s 25	\ \s_ \ \s		OR	R	- FO	
f	(37 CFR 1.16(b))			nus 3 =				x s 100	<u></u>		- °		x s <u>50</u> .	-
t	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) If the difference in column 1 is less than zero, enter "0" in column 2.							+ 5.180	2		- 0		+360	-
						mn 2.		TOTAL			1 01	i.		+
	•	CLAIMS AS		ED - PA	RT II						J +-	•	TOTAL	L
	< 3	(Column CLAIMS REMAINI	5		olumn 2 SHEST	(Column 3))	SMAL	L ENTI	TY	OF	₹ .	OTHE	R THAN
	200	AFTER AMENDME	- 1	PREV	MBER. MOUSLY D FOR	PRESENT EXTRA	$ \cdot $	RATE		DDI- DNAL]		RATE	ENTITY ADD
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. 44	<u> </u>		Minu	1	10	=		x s 100=	1-		OR		<u>,50 </u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ s_180=			OR OR	×	3/2)	
	(Column 1) (Column 1)							TOTAL ADD'L FEE			OR		DTAL DO'L FEE	·
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AMENDMENT	Total to our unequ	AMENDMEN	T Minus	PREVIO		EXTRA			TION FE	IAL.			RATE	ADDÍ: TIONAL
MEN	Independent (37 CFR 1.16(6))		· Minus	 -		=	_	<u>\$25</u> .			OR	x s	50=	FEE
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o		(Column 1) CLAIMS		(Colun		(Column 3)		L			OR	ADD	O.C. EEE	
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	Total (31 CFR 1.16(c)) Indépendent		Minus	41		= .	x s	25	FEE		1			TIONAL FEE
AM H	(37 CFR 1.16(6))		Minus	444	- 1	=		100		7	-		00°	
_1	- RESENTA	ATION OF MULTIP	LE DEPENDE	ENT CLAIM	(37 CFR	1.16(0))		180.		7	DR .		60	
•	If the entry in co	lumn 1 is less th. lumber Previousl umber Previously	an the entry y Paid For	in ^a column : IN THIS SE	2, write "	"O" in column 3.	ADO	D'I EEE			R A	ATOTA J'OO	L FEE	
	The Highest Nu	mber Previously	r Paid For I	N THIS SP	ACE is 1	less than 20, ent ess than 3, enter	(°37,	•						1

The Highest Number Previously Paid For (IN THIS SPACE is less than 3, enter "3".

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.